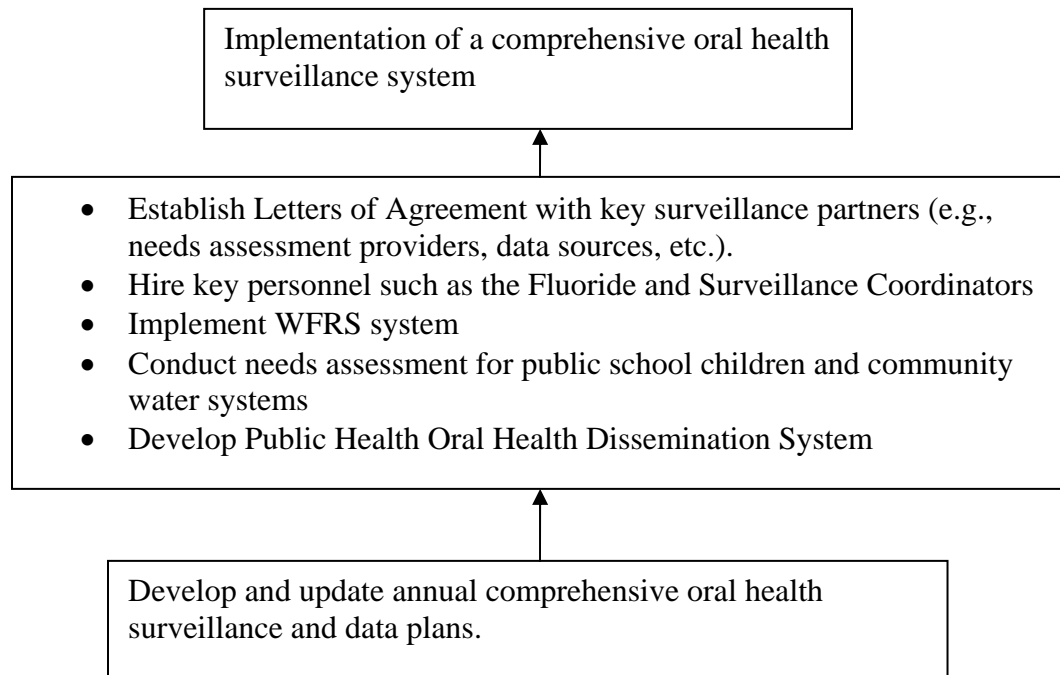


## Surveillance

**Background** – In broad terms, the surveillance system will be used to produce scientifically valid and reliable data that could be used by policy makers from the state to the county level in designing, implementing and evaluating public oral health interventions. Stakeholders will be able to use surveillance data for their own purposes. They will in turn provide useful information on the evaluation process of the surveillance system. An annual surveillance plan will be published by DHEC. A current draft is referenced in Appendix C.

### **Logic Model –**



### **General Objectives –**

**2.1.1 Develop Public Health Dissemination System, that includes publication of the state oral health surveillance report, oral health burden documents, needs assessments, and other related surveillance information via an internet presence through a DHEC Oral Health Website by 8/31/2007.**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of website.

**2.1.2. Develop surveillance and data management plans that are compatible with future GIS needs and National Oral Health Surveillance System by (insert date) and update annually thereafter.**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of surveillance plan.

**2.1.3. Submit timely and relevant information to ASTDD and the National Oral Health Surveillance System on an established interval.**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of needs assessment results.

**2.1.4. Implement a comprehensive oral health surveillance system that meets the needs of all key stakeholders, leverages timely and relevant data, and is compliant with national standards by (insert date).**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Outcome

**Data Collection Method** – DHEC's surveillance coordinator will conduct interviews with key stakeholders to ascertain if their data needs are being met. Feedback will be used to enhance the surveillance plan and system.

**2.1.5. The Surveillance Coordinator will collaborate with DHEC's PHSIS and the Office of Research and Statistics in the integration of all primary and secondary data sources germane to the Oral Health Division's programs and services.**

**South Carolina Baseline** Not applicable

**Healthy People Reference** 7-11w Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to surveillance and data systems Baseline (1996-97): 14% 2010 Target: (developmental)

**Original State Oral Health Plan Reference** – Not Applicable

**Measurement Type** - Process

**Data Collection Method** – Evidence of meeting minutes and resulting databases for surveillance.

**Fluoridated Water Objectives** –

**2.2.1 Establish a community fluoride monitoring system using the CDC WFRS system by (insert date).**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of CDC WFRS system.

**2.2.2. Establish a joint collaboration with Bureau of Water and Health Services by (insert date).**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of meeting minutes.

**2.2.3. Develop annual assessment of community water systems using WFRS by (insert date).**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of assessment.

**2.2.4. Hire a Fluoride Coordinator to manage the WFRS by (insert date).**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of hire.

**2.2.5. Hire a Surveillance Coordinator to manage the WFRS by (insert date).**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of hire.

**2.2.6. By (insert date), DHEC Oral Health Division staff will build into the surveillance plan, the ability to identify (a) the number of homes served by public water systems, (b) the number of homes served by fluoridated public water systems, and (c) areas where homes are not served by fluoridated water systems.**

**South Carolina Baseline** Not applicable

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – WFRS

**2.2.7. By (insert date), DHEC Oral Health Division staff will build into the surveillance plan, the ability to determine if water systems provide monthly fluoridation level reports to the Bureau of Water.**

**South Carolina Baseline** Not applicable

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

21-9 Increase persons on public water receiving optimally fluoridated water. Baseline (1992): 62% 2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – WFRS

**2.2.8. By (insert date), DHEC Oral Health Division staff will build into the surveillance plan, the ability to determine if the fluoridated water systems are maintaining optimal levels of fluoride, as defined by South Carolina EARWF.**

**South Carolina Baseline** Not applicable

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

21-9 Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62% 2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Impact

**Data Collection Method** – WFRS

**2.2.9. The Bureau of Water will manage the data flow protocol for the water fluoridation reports, which are received by DHEC from the water systems then sent to WFRS at CDC.**

**South Carolina Baseline** Not applicable

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

21-9 Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62% 2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of the website

**2.2.10. By insert date, DHEC Oral Health Division staff will build into the surveillance plan, the ability to map community water fluoride levels and publish them on the DHEC website.**

**South Carolina Baseline** Not applicable

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

21-9 Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62% 2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of the website

**Public School Objectives** –

**2.3.1. Conduct needs assessment on the oral health status of public school children in South Carolina by (insert date).**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of contractual and permissive agreements between DHEC and key stakeholders for the sharing of information. Evidence of needs assessment completed.

- 2.3.2. Develop a Letter of Agreement with the South Carolina Dental Association, Medical University of South Carolina, Department of Education, and DHEC that establishes roles and responsibilities in the needs assessment process by (insert date).**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of letters of agreement.

- 2.3.3. Develop Letters of Agreement with the selected school districts and schools by (insert date).**

**Healthy People Reference** – 21-16 Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system. Baseline (1999): None 2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of letters of agreement.

- 2.3.4. A comprehensive oral health cube will be developed by the Office of Research and Statistics, in partnership with DHEC, the Advisory Council, and the Coalition, by August 2007 for the purpose of providing surveillance data that will aid in the evaluation of the school-based oral health programs.**

**South Carolina Baseline** Not applicable

**Healthy People Reference** 7-11w Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to surveillance and data systems Baseline (1996-97): 14% 2010 Target: (developmental)

**Original State Oral Health Plan Reference** – Not Applicable

**Measurement Type** - Process

**Data Collection Method** – Evidence of the cube, which will be monitored through the Coalition

- 2.3.5. The Oral Health Division will track compliance with the state public health guidelines on an annual basis beginning September 2007.**

**South Carolina Baseline** Not applicable

**Healthy People Reference** 7-11u Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health

Baseline (1996-97): 25% 2010 Target: 50%

**Original State Oral Health Plan Reference** – Priority 5; Strategy 5.2 (See Appendix F)

**Measurement Type** - Process

**Data Collection Method** – Surveillance Coordinator will include this assessment as a part of the annual needs assessment.

**2.3.6. The Oral Health Division will conduct a feasibility study, by insert date, to determine if a unified data collection system can be developed to both monitor the state public health guideline compliance and integrate all the school-base programs' data.**

**South Carolina Baseline** Not applicable

**Healthy People Reference** 7-11u Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health

Baseline (1996-97): 25% 2010 Target: 50%

**Original State Oral Health Plan Reference** – Priority 5; Strategy 5.2 (See Appendix F)

**Measurement Type** - Process

**Data Collection Method** – Evidence of study, which will be monitored through the Coalition

**Comments** – The objectives are based on the most current version of the SC Oral Health Surveillance Plan (See Appendix C), as well as work done by Coalition workgroups in the areas of school-based programs and fluoridated water. The objectives are in draft version and need to be reviewed a Coalition Workgroup.

